

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-017807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

4397

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS.300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DATE AMENDED
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

Registration District No.

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STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St LouisLength of stay in 1b
3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4272 ChippewaReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Conrad

Middle

Last

Kehres

4. DATE OF DEATH

Month

Day

Year

April

20

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug. 25, 1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Stationary Fireman

11. BIRTHPLACE (City and state or country)

Germany

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Konrad Kehres

13b. MOTHER'S MAIDEN NAME

Marie Hook

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Herbert Kehres

9807 Weimann Dr

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anterior Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 1st., 1963

to April 20th., '63

and last saw her alive on April 19th. '63

Death occurred at

4 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Wagenbroch

Degree or title

M.D.

22b. ADDRESS

4717 Morganford Rd.

22c. DATE SIGNED

4/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/23/63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L. Ziegenhein & Sons 7028 Gravois

25. DATE RECD. BY LOCAL REG.

APR 22 1963

26. REGISTRAR'S SIGNATURE

Carl Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.